



**CDBG HOUSING PROGRAM**  
**APPLICATION FOR RENTER-OCCUPIED REHABILITATION**

For office use only:  
APPLICATION NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME(S) \_\_\_\_\_

ADDRESS (of property to be rehabilitated): \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NUMBER OF APARTMENTS IN THE HOUSE: Current: \_\_\_\_\_ Proposed: \_\_\_\_\_

NAMES OF ALL OWNERS AS THEY APPEAR ON THE DEED:  
\_\_\_\_\_  
\_\_\_\_\_

Is there presently a mortgage or land contract on the property? \_\_\_\_\_

If so, how much is owed and who holds the mortgage or land contract?

\$ \_\_\_\_\_ , \_\_\_\_\_ Name \_\_\_\_\_ address \_\_\_\_\_

DATE PROPERTY ACQUIRED: \_\_\_\_\_

AGE OF STRUCTURE: \_\_\_\_\_

**CURRENT OCCUPANCY:**

Vacant (V), Rented (R), or Owner-occupied (O)

Apartment 1	Apartment 2	Apartment 3	Apartment 4

If rented, Name of Tenant(s):

**Apartment #1** \_\_\_\_\_ **Apartment #2** \_\_\_\_\_

**Apartment #3** \_\_\_\_\_ **Apartment #4** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



	Apt #1	Apt #2	Apt #3	Apt #4
<b>Monthly Rent</b>				
<b>Utilities Included – Yes/No</b>				
<b>Number of People</b>				
<b>Number of Bedrooms</b>				

What Improvements do you most want on your property?

<b>Apartment #1</b>	
<b>Apartment #2</b>	
<b>Apartment #3</b>	
<b>Apartment #4</b>	
<b>Interior Common Areas</b>	
<b>Exterior</b>	



I have received a copy of the pamphlet “Protect Your Family From Lead In Your Home” with this application.  
(please check one)

YES\_\_\_\_\_ NO\_\_\_\_\_

**ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?**  
**\_\_\_\_\_YES \_\_\_\_\_NO (YOU MUST CHECK ONE)**

## **CONFLICT OF INTEREST**

Do you have any family or business ties to any of the following people? Yes \_\_\_\_\_ No \_\_\_\_\_

Susan Koehn, Housing Program Specialist	Kari Justmann, Team Leader
Stacy Griswold, Housing Program Assistant	Al Sebastiani, County Board Chair
Cindy Phillippi, County Clerk	Steve Gilman, Committee Member
Terry James, Committee Member	Tom Feller, Committee Member
John West, Committee Member	Dick Wirth, Committee Member

If yes, disclose the nature of the relationship:

### **Names of covered person**


I certify that the above information is true and correct to the best of my knowledge. I authorize the CDBG Program and its agents to contact any of the sources identified to confirm the above information. I understand that, except as authorized in this paragraph, the CDBG Program will keep all information contained in this application strictly confidential and will not release it to any other party without my written permission.

**No provision of marital property agreement (including a Statutory Individual Property Agreement Pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time of obligation is incurred.**

\_\_\_\_\_  
(Signature of applicant) Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of applicant) Date: \_\_\_\_\_

### **Attach copies of the following:**

\_\_\_\_\_ Full and complete description of the property as shown on your deed, mortgage or land contract.

\_\_\_\_\_ A copy of your most recent property tax bill or a recent appraisal.

\_\_\_\_\_ Copy of your homeowner's insurance policy.

### **FOR OFFICE USE ONLY:**

Tenant Eligibility: Submitted: \_\_\_\_\_ O.K.'d \_\_\_\_\_

Are all apartments eligible with acceptable rents? \_\_\_\_\_

**Return to: Susan Koehn, Adams County, 201 Corporate Drive, Beaver Dam, WI 53916  
Phone Number: 800-552-6330 Fax Number: 920-887-4250 Email: skoehn@msa-ps.com**